

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	175000
<015>	Study Area Name	VERIZON PENNSYLVANIA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

[illegible]

**(700) Price Offerings Including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	175000
<015>	Study Area Name	VERIZON PENNSYLVANIA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

[illegible]

July 2013

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	175000
<015>	Study Area Name	VERIZON PENNSYLVANIA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
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<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<810>	Reporting Carrier	Verizon Pennsylvania LLC
<811>	Holding Company	
<812>	Operating Company	Verizon Pennsylvania LLC

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	175000
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<020>	Program Year	2015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | | |
|-------|--|
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. |
| <922> | Feasibility and sustainability planning; |
| <923> | Marketing services in a culturally sensitive manner; |
| <924> | Compliance with Rights of way processes |
| <925> | Compliance with Land Use permitting requirements |
| <926> | Compliance with Facilities Siting rules |
| <927> | Compliance with Environmental Review processes |
| <928> | Compliance with Cultural Preservation review processes |
| <929> | Compliance with Tribal Business and Licensing requirements. |

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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July 2013

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<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

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<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www22.verizon.com/tariffs/

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012> 2013 Frozen Support Certification
<2013> 2014 Frozen Support Certification
<2014> 2015 Frozen Support Certification
<2015> 2016 and future Frozen Support Certification

☐
☒
☐
☐**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification Support Used to Build Broadband

☐**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017> 3rd year Broadband Service Certification
<2018> 5th year Broadband Service Certification
<2019> Interim Progress Certification
<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐
☐
☐
☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 175000
<015> Study Area Name VERIZON PENNSYLVANIA
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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

- (3023) Underlying information subjected to a review by an independent certified public accountant

- (3024) Underlying information subjected to an officer certification.

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

**Certification - Reporting Carrier
Data Collection Form**

FCC Form 483

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: VERIZON PENNSYLVANIA	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/26/2014
Printed name of Authorized Officer: Robert Mutzenback	
Title or position of Authorized Officer: Assistant Controller	
Telephone number of Authorized Officer: 9085593924 ext.	
Study Area Code of Reporting Carrier: 175000	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

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OMB Control No. 3060-0986/OMB Control No. 3060-0919
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(200) Service Outage Reporting (Voice)
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 $\langle 220 \rangle$ [illegible]

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<010> Study Area Code 175000
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<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	ALEXANDRIA		FR				0.0	
PA	ALIQUIPPA		FR					
PA	ALLENTOWN		FR					
PA	ALTOONA		FR					
PA	AMBRIDGE		FR					
PA	ANNVILLE		FR					
PA	ASHLAND		FR					
PA	AUSTIN		FR					
PA	AVELLA		FR					
PA	AVIS		FR					
PA	AVONDALE		FR					
PA	BADEN		FR					
PA	BARNESBORO		FR					
PA	BATH		FR					
PA	BEAVER FLS		FR					
PA	BEDMINSTER		FR					
PA	BELLEFONTE		FR					
PA	BELLEVRNON		FR					
PA	BELLWOOD		FR					
PA	BERWICK		FR					
PA	BESSEMER		FR					

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	BETHLEHEM		FR					
PA	BIG RUN		FR					
PA	BLACK LICK		FR					
PA	BLAIRSVL		FR					
PA	BLOOMSBURG		FR					
PA	BOALSBURG		FR					
PA	BOLIVAR		FR					
PA	BRADFORD		FR					
PA	BROWNSVL		FR					
PA	BUCKINGHAM		FR					
PA	BURGETTSTN		FR					
PA	BUSHKILL		FR					
PA	CALIFORNIA		FR					
PA	CANONSBURG		FR					
PA	CARBONDALE		FR					
PA	CARROLLTN		FR					
PA	CARVERSVL		FR					
PA	CATASAUQUA		FR					
PA	CATAWISSA		FR					
PA	CENTER PT		FR					
PA	CENTREHALL		FR					

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	CHARLEROI		FR					
PA	CHERRYTREE		FR					
PA	CHESTERSPG		FR					
PA	CLAIRTON		FR					
PA	CLARION		FR					
PA	CLAYSVILLE		FR					
PA	CLEARFIELD		FR					
PA	CLYMER		FR					
PA	COATESVL		FR					
PA	COLLEGEVL		FR					
PA	CONNELLSVL		FR					
PA	COUDERSPT		FR					
PA	CRESKO		FR					
PA	CRESSON		FR					
PA	CURWENSVL		FR					
PA	DANVILLE		FR					
PA	DAUPHIN		FR					
PA	DAWSON		FR					
PA	DERRY		FR					
PA	DONORA		FR					
PA	DOWNINGTN		FR					

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<b6>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	DOYLESTOWN		FR					
PA	DUBLIN		FR					
PA	DUBOIS		FR					
PA	EAGLE		FR					
PA	EASTON		FR					
PA	EBENSBURG		FR					
PA	ELDRED		FR					
PA	ELIZABETH		FR					
PA	ELLWOOD CY		FR					
PA	ELYSBURG		FR					
PA	ENDEAVOR		FR					
PA	EPALESTINE		FR					
PA	EXTON		FR					
PA	FAIRCHANCE		FR					
PA	FARMINGTON		FR					
PA	FAYETTE CY		FR					
PA	FINLEYVL		FR					
PA	FLEETWOOD		FR					
PA	FRACKVILLE		FR					
PA	FREELAND		FR					
PA	FRENCHVL		FR					

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	GALETON		FR					
PA	GIRARDVL		FR					
PA	GLENCMPBLL		FR					
PA	GLENMOORE		FR					
PA	GLENWILLRD		FR					
PA	GREEN LANE		FR					
PA	GREENSBURG		FR					
PA	GREENVILLE		FR					
PA	GROVE CITY		FR					
PA	HALIFAX		FR					
PA	HAMBURG		FR					
PA	HAMLIN		FR					
PA	HARISBGZN1		FR					
PA	HARISBGZN2		FR					
PA	HARLEYSVL		FR					
PA	HASTINGS		FR					
PA	HAWLEY		FR					
PA	HAZLETON		FR					
PA	HELLERTOWN		FR					
PA	HERMINIE		FR					
PA	HOLLIDYSBG		FR					

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	HOMER CITY		FR					
PA	HONESDALE		FR					
PA	HONEYBROOK		FR					
PA	HOOKSTOWN		FR					
PA	HOUTZDALE		FR					
PA	HUMMELSTN		FR					
PA	HUNTINGDON		FR					
PA	IMPERIAL		FR					
PA	INDIANA		FR					
PA	JEANNETTE		FR					
PA	JERMYN		FR					
PA	JERSEYSHOR		FR					
PA	JIM THORPE		FR					
PA	KANE		FR					
PA	KEMBLESVL		FR					
PA	KENNETT SQ		FR					
PA	KINGSTON		FR					
PA	KULPMONT		FR					
PA	KUTZTOWN		FR					
PA	LAKE ARIEL		FR					
PA	LAKE COMO		FR					

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July 2013

<010> Study Area Code 175000
<015> Study Area Name VERIZON PENNSYLVANIA
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Alan J. Buzacott
<035> Contact Telephone Number - Number of person identified in data line <030> 2025152595 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> alan.buzacott@verizon.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	LANCASTER		FR					
PA	LANDENBERG		FR					
PA	LANDISVL		FR					
PA	LANSDALE		FR					
PA	LATROBE		FR					
PA	LEBANON		FR					
PA	LEEPER		FR					
PA	LEHIGHTON		FR					
PA	LENAPE		FR					
PA	LEWISTOWN		FR					
PA	LIGONIER		FR					
PA	LINELXNGTN		FR					
PA	LOCK HAVEN		FR					
PA	LORDS VLY		FR					
PA	LOWELLVL		FR					
PA	LUDLOW		FR					
PA	MAHAFFEY		FR					
PA	MAHANOEY CY		FR					
PA	MARCHAND		FR					
PA	MARIENVL		FR					
PA	MARION CTR		FR					

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 175000
<015> Study Area Name VERIZON PENNSYLVANIA
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Alan J. Buzacott
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<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	MASONTOWN		FR					
PA	MCADOO		FR					
PA	MCDONALD		FR					
PA	MCLELANDTN		FR					
PA	MCMURRAY		FR					
PA	MCVEYTOWN		FR					
PA	MECHANCSBG		FR					
PA	MENDENHALL		FR					
PA	MERCER		FR					
PA	MIDDLETOWN		FR					
PA	MIDLAND		FR					
PA	MILLERSVL		FR					
PA	MILLHEIM		FR					
PA	MILLVILLE		FR					
PA	MILTON		FR					
PA	MINERSVL		FR					
PA	MONESSEN		FR					
PA	MONONGAHLA		FR					
PA	MOOSIC		FR					
PA	MORRISVL		FR					
PA	MORTONVL		FR					

(700) Price Offerings Including Voice Rate Data
Data Collection Form

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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	MOSCOW		FR	14.23			0.0	14.23
PA	MOUNTANTOP		FR					
PA	MOUNTUNION		FR					
PA	MT CARMEL		FR					
PA	MT GRETN		FR					
PA	MT JEWETT		FR					
PA	MT POCONO		FR					
PA	MTPLEASANT		FR					
PA	NANTICOKE		FR					
PA	NAZARETH		FR					
PA	NESQUHONNG		FR					
PA	NEW CASTLE		FR					
PA	NEW HOPE		FR					
PA	NEW SALEM		FR					
PA	NEWFLORNC		FR					
PA	NEWFOUNDLD		FR					
PA	NEWKNSNGTN		FR					
PA	NEWPHLDLPH		FR					
PA	NEWTOWN		FR					
PA	NORTHAMPTN		FR					
PA	NORTHUBRLD		FR					

(700) Price Offerings including Voice Rate Data
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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	NORTHWALES		FR					
PA	NUMIDIA		FR					
PA	OAKDALE		FR					
PA	OLYPHANT		FR					
PA	ORWIGSBURG		FR					
PA	OSCEOLA ML		FR					
PA	OXFORD		FR					
PA	PALMYRA		FR					
PA	PARIS		FR					
PA	PARKESBURG		FR					
PA	PARKWOOD		FR					
PA	PATTON		FR					
PA	PENNSBURG		FR					
PA	PERKASIE		FR					
PA	PERRYOPOLS		FR					
PA	PHILIPSBG		FR					
PA	PHLDLPHZN1		FR					
PA	PHLDLPHZN2		FR					
PA	PHLDLPHZN3		FR					
PA	PHLDLPHZN4		FR					
PA	PHOENIXVL							

(700) Price Offerings including Voice Rate Data
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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	PHPHSBZN10		FR					
PA	PHPHSBZN11		FR					
PA	PHPHSBZN12		FR					
PA	PHPHSBZN13		FR					
PA	PHPHSBZN14		FR					
PA	PHPHSBZN17		FR					
PA	PHPHSBZN21		FR					
PA	PHPHSBZN22		FR					
PA	PHPHSBZN23		FR					
PA	PHPHSBZN24		FR					
PA	PHPHSBZN25		FR					
PA	PHPHSBZN26		FR					
PA	PHPHSBZN28		FR					
PA	PHPHSBZN29		FR					
PA	PHPHSBZN30		FR					
PA	PHPHSBZN31		FR					
PA	PHPHSBZN32		FR					
PA	PHPHSBZN33		FR					
PA	PHPHSBZN34		FR					
PA	PHPHSBZN37		FR					
PA	PHPHSBZN38		FR					

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

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<010> Study Area Code 175000
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<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	PTGSBNZN16		FR					
PA	PTGSBNZN17		FR					
PA	PTGSBNZN18		FR					
PA	PTGSBNZN19		FR					
PA	PTGSBNZN20		FR					
PA	PTGSBNZN21		FR					
PA	PTGSBNZN22		FR					
PA	PTGSBNZN23		FR					
PA	PTTSBGZON1		FR					
PA	PTTSBGZON2		FR					
PA	PTTSBGZON3		FR					
PA	PTTSBGZON4		FR					
PA	PTTSBGZON5		FR					
PA	PTTSBGZON6		FR					
PA	PTTSBGZON7		FR					
PA	PTTSBGZON8		FR					
PA	PUGHTOWN		FR					
PA	PUNXSUTWNY		FR					
PA	QUAKERTOWN		FR					
PA	READING		FR					
PA	RENOVO		FR					

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(700) Price Offerings Including Voice Rate Data
Data Collection Form

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<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<b6>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	REPUBLIC		FR					
PA	REW		FR					
PA	REYNOLDSVL		FR					
PA	RIEGELSVL		FR					
PA	ROCHESTER		FR					
PA	ROULETTE		FR					
PA	ROYERSFORD		FR					
PA	RUSSELL		FR					
PA	SAXTON		FR					
PA	SCHUYLKHVN		FR					
PA	SCHWENKSVL		FR					
PA	SCOTTDAL		FR					
PA	SCRANTON		FR					
PA	SHAMOKIN		FR					
PA	SHARON		FR					
PA	SHARPSVL		FR					
PA	SHENANDOAH		FR					
PA	SLATINGTON		FR					
PA	SMETHPORT		FR					
PA	SMITHFIELD		FR					
PA	SMITHSFRRY		FR					

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data
Data Collection Form

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1/1/2014

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	SMOCK		FR					
PA	SNOW SHOE		FR					
PA	SOUDERTON		FR					
PA	SPRING ML		FR					
PA	SPRINGDALE		FR					
PA	SPRINGTOWN		FR					
PA	ST CLAIR		FR					
PA	STATECOLLG		FR					
PA	STRASBURG		FR					
PA	STROUDSBG		FR					
PA	SUGARGROVE		FR					
PA	SUNBURY		FR					
PA	SYKESVILLE		FR					
PA	TAMAQUA		FR					
PA	TARENTUM		FR					
PA	TAYLOR		FR					
PA	TIDIOUTE		FR					
PA	TIONESTA		FR					
PA	TYRONE		FR					
PA	ULYSSES		FR					
PA	UNIONTOWN		FR					

(700) Price Offerings Including Voice Rate Data
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FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 175000
<015> Study Area Name VERIZON PENNSYLVANIA
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Alan J. Buzacott
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<039> Contact Email Address - Email Address of person identified in data line <030> alan.buzacott@verizon.com

<701> Residential Local Service Charge Effective Date
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1/1/2014

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
PA	UNIONVILLE		FR					
PA	UPBLCKEDDY		FR					
PA	W CHESTER		FR					
PA	WALENPAPCK		FR					
PA	WALEXANDER		FR					
PA	WAMPUM		FR					
PA	WARREN		FR					
PA	WASHIGTNVL		FR					
PA	WASHINGTON		FR					
PA	WEATHERLY		FR					
PA	WEST GROVE		FR					
PA	WESTNEWTON		FR					
PA	WESTTOWN		FR					
PA	WHITEHAVEN		FR					
PA	WILKSBARRE		FR					
PA	WILLIAMSPT		FR					
PA	WINBURNE		FR					
PA	WMIDDLESEX		FR					
PA	WOOLRICH		FR					
PA	WYCOMBE		FR					
PA	WYOMING		FR					

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data
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FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	175000
<015>	Study Area Name	VERIZON PENNSYLVANIA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

REDACTED FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 175000
<015> Study Area Name VERIZON PENNSYLVANIA
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Alan J. Buzacott
<035> Contact Telephone Number - Number of person identified in data line <030> 2025152595 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> alan.buzacott@verizon.com

<711>								
<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance
PA	All							Other, No limit on usage allowance

(800) Operating Companies**Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	175000
<015>	Study Area Name	VERIZON PENNSYLVANIA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com
<810>	Reporting Carrier	Verizon Pennsylvania LLC
<811>	Holding Company	
<812>	Operating Company	Verizon Pennsylvania LLC

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Verizon New England Inc.	115112	Verizon
	Verizon New England Inc.	585114	Verizon
	Verizon New York Inc.	155130	Verizon
	Verizon New Jersey Inc.	165120	Verizon
	Verizon Pennsylvania LLC	175000	Verizon
	Verizon North LLC	170169	Verizon
	Verizon North LLC	170170	Verizon
	Verizon North LLC	170201	Verizon
	Verizon Maryland LLC	185030	Verizon
	Verizon Virginia LLC	195040	Verizon
	Verizon Florida LLC	210328	Verizon
	Verizon Delaware LLC	565010	Verizon
	Verizon Washington D.C. Inc.	575020	Verizon
	Verizon California Inc.	542319	Verizon
	Verizon California Inc.	542302	Verizon
	GTE Southwest d/b/a Verizon Southwest	442080	Verizon
	GTE Southwest d/b/a Verizon Southwest	442154	Verizon
	Verizon South Inc.	190233	Verizon
	Verizon South Inc.	190479	Verizon
	Verizon South Inc.	230864	Verizon
	MCImetro Access Transmission Services LLC	449007	Verizon
	RSA 7 Limited Partnership	359070	Verizon
	Iowa 8 Monona Limited Partnership	359071	Verizon

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(800) Operating Companies
Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

July 2013

<010>	Study Area Code	175000
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<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<810>	Reporting Carrier	Verizon Pennsylvania LLC
<811>	Holding Company	
<812>	Operating Company	Verizon Pennsylvania LLC

[illegible]

Verizon works to satisfy all service requests, but not every initiated order is ultimately fulfilled. There are occasions when broadband service cannot be installed at the requesting address location due to reasons such as distance, capacity, and equipment incompatibility. In those cases, Verizon will review whether it can provide broadband service from other access points or utilize available equipment. If Verizon's review is unsuccessful, then the order is cancelled and the customer is notified.

Date: 6/17/2014

Name of companies covered by this Certification: Verizon - Pennsylvania

I, Timothy Smith, certify that I am an officer of each of the Verizon entities listed above and, acting as an agent of these companies. Verizon has established operating procedures designed to comply with applicable consumer protection rules. Verizon is subject to service quality requirements in many states and complies with their related duties, which, depending on the state, may include periodic performance reporting, the implementation of improvement plans and monetary payments if the reported performance does not meet applicable standards.

Name of signatory: Timothy Smith

Title of signatory: Region President, Pennsylvania/Delaware

Date: 6/17/2014

Name of companies covered by this Certification: Verizon - Pennsylvania

I, Timothy Smith, certify that I am an officer of the reporting carrier and that my responsibilities include ensuring compliance with the requirements of 47 CFR 54.202(a)(2) that the carrier be able to function in emergency situations. Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is generally able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. I certify that the carrier is able to function in emergency situations as set forth in section 54.202(a)(2).

Name of signatory: Timothy Smith

Title of signatory: Region President, Pennsylvania/Delaware

Date: 6/17/2014

Name of companies covered by this Certification: Verizon - Pennsylvania

I, Timothy Smith, an officer of the reporting carrier, certify that the voice service rates for the Verizon entity listed above is less than two standard deviations above the applicable national average urban rate for voice service, as required in 47 C.F.R. § 54.313(a)(10).

Name of signatory: Timothy Smith

Title of signatory: Region President, Pennsylvania/Delaware